

☐ Authorization Agreement Applies  
☐ SO Facility Notification Applies  
**DMHAS OOC IRB REVIEWER CHECK LIST – CONTINUING REVIEW**

Title of Study: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Page 1 serves as research record face sheet

Checklist	y	n	n/a	Comment
<input type="checkbox"/> Education in human subject protection has been documented for additional key personnel				
<input type="checkbox"/> Federal funding <input type="checkbox"/> Other funding				
Recruitment site(s) include: <input type="checkbox"/> State operated (facility must be notified of IRB actions) <input type="checkbox"/> DMHAS funded <input type="checkbox"/> Other				
Study site(s) include: <input type="checkbox"/> State operated (facility must be notified of IRB actions) <input type="checkbox"/> DMHAS funded <input type="checkbox"/> Other				
<input type="checkbox"/> Study requires review by another institution's IRB <input type="checkbox"/> Copy of other institution's current approval has been submitted				
<input type="checkbox"/> Study involves collecting and recording Identifying private information about individuals other than target participants				
<input type="checkbox"/> Study involves sharing data and/or biological material with entities outside of the study				
<input type="checkbox"/> Study involves the use of FDA regulated drugs or devices				
Study involves the following population(s): <input type="checkbox"/> children <input type="checkbox"/> pregnant women/fetuses <input type="checkbox"/> prisoners <input type="checkbox"/> mentally/cognitively impaired <input type="checkbox"/> economically/educationally disadvantaged <input type="checkbox"/> other potentially vulnerable population <input type="checkbox"/> non- English speaking <input type="checkbox"/> DMHAS staff <input type="checkbox"/> non-DMHAS staff				
<input type="checkbox"/> Waiver or alteration of consent was previously approved by IRB <input type="checkbox"/> Waiver of HIPAA Authorization was previously approved by IRB				
<input type="checkbox"/> Approval for changes is being requested				

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<input type="checkbox"/> Necessary study documents and materials are included (current protocol including any changes since last review, current consent form, recruitment material, instruments, ROI, questionnaires, scripts, highlighted changes where applicable, etc)				
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Checklist	y	n	n/a	Comment
<input type="checkbox"/> Number of participants is consistent with IRB approval or discrepancy is adequately explained.				
<input type="checkbox"/> Non-computer data is maintained in a secure manner. <input type="checkbox"/> Computer data is maintained in a secure manner.				
<input type="checkbox"/> Participant withdrawals indicate a possible problem and/or need for revision of the protocol or consent process				
<input type="checkbox"/> Adverse events and/or protocol deviations indicate a possible need for revision of the protocol and/or revision of the consent process				
<input type="checkbox"/> Recent literature or study findings thus far suggest a change in the level of risk or represent additional information that might impact a participant's decision to enroll or to continue in the study?				
<input type="checkbox"/> The risks and benefits appear to be consistent with those outlined in the initial approved protocol.				
<input type="checkbox"/> Is there any information that should be communicated to study participants?				
<input type="checkbox"/> The consent form(s) and process continue to adequately describe the study to participants.				
<input type="checkbox"/> Informed consent document, alone or in combination with additional release of information/authorization is in compliance with HIPAA authorization requirements.				
<input type="checkbox"/> Proposed changes are acceptable and do not adversely impact the risk/benefit ratio.				

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<input type="checkbox"/> The risk/benefit ratio is acceptable to continue the study				
<input type="checkbox"/> Other				